



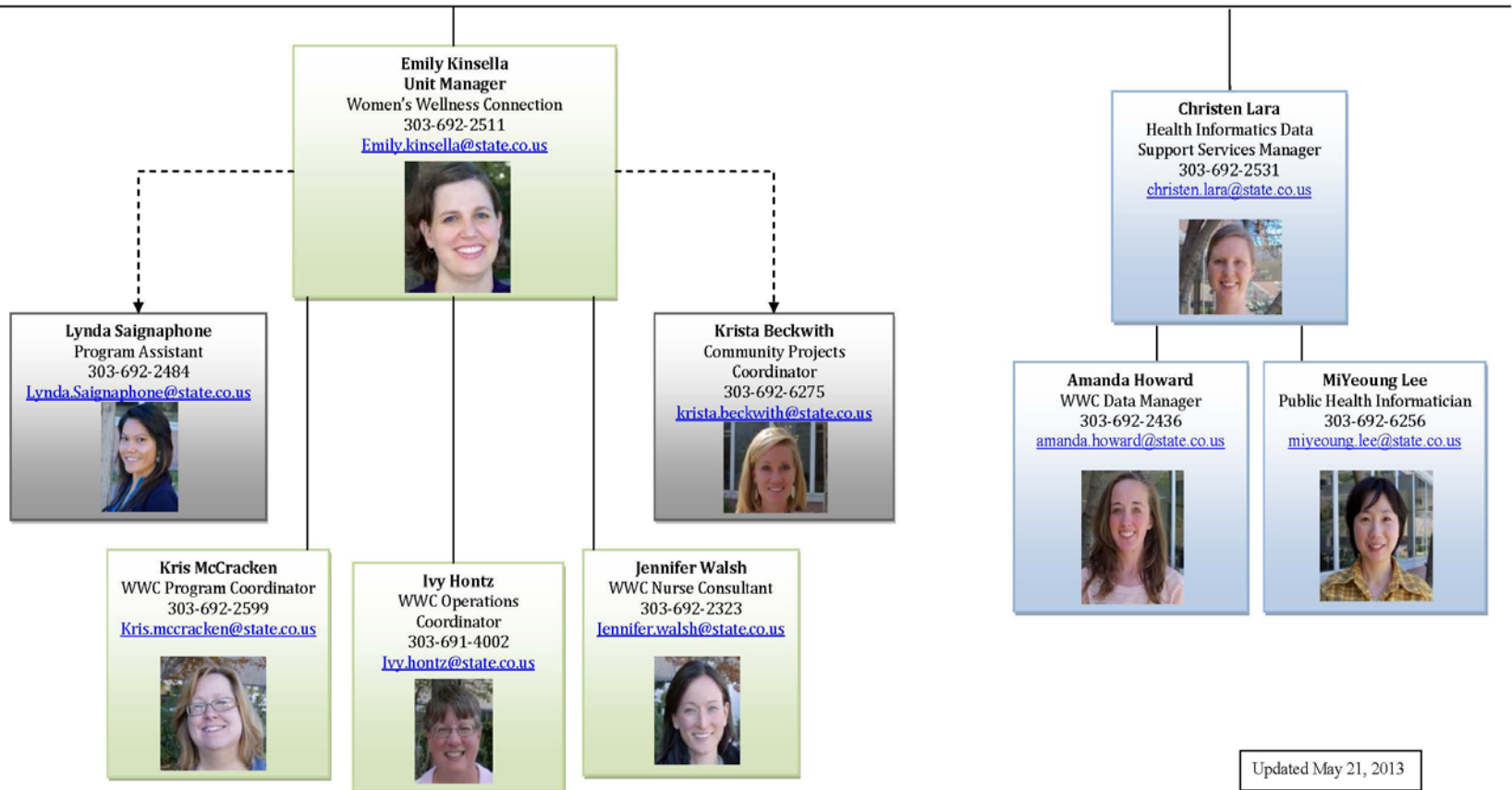
Colorado Department  
of Public Health  
and Environment

# Women's Wellness Connection

## Prevention Services Division

Introductions

# WWC Staff



Updated May 21, 2013



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# Agency Roll Call



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## Prevention Services Division

### Contract Basics



Jacqueline O'Bryan



# Outline

- ▶ Contract Basics:
  - Expectations
  - Applicable Federal Regulation
  - Applicable Federal Laws
  - Annual Audit Requirements
  - Standard Contract Language
  - Special and Additional Provisions

# Contract Basics: Basic Expectations

- ▶ Read your contract;
- ▶ Reference your contract regularly;
- ▶ Know what is expected of you;
- ▶ Both program and fiscal staff should have access;
- ▶ We are here to help if you have questions.



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# Contract Basics:

## Applicable Federal Regulations

- ▶ [2 CFR, Part 225 \(formerly OMB Circular A-87\)](#)  
Cost Principles for State, Local and Indian Tribal Governments
- ▶ [2 CFR, Part 601 \(formerly OMB Circular A-102\)](#)  
Uniform Administrative Requirements for Grants and Agreements with State and Local Governments (Common Rule)
- ▶ [OMB Circular A-133](#)  
Audits of States, Local Governments and Non-Profit Organizations Fourth level

# Contract Basics:

## Applicable Federal Laws

- ▶ Hatch Act - Prohibits use of federal funds for partisan political purposes of any kind (5 U.S.C. 1501-1508 and Public Law 95-454, Section 4728)
- ▶ Davis-Bacon Act - Fair wages in accordance with local market conditions for laborers and mechanics employed by contractors and subcontractors (40 U.S.C. 276A – 276A-5)
- ▶ Nondiscrimination on basis of race, color, national origin, age or disability (42 U.S.C. 6101 *et seq.*, 42 U.S.C. 2000d and U.S.C. 794)

# Contract Basics:

## Applicable Federal Laws

- ▶ Americans with Disabilities Act
- ▶ Uniform Relocation Assistance and Real Property Acquisition Act
- ▶ Federal Acquisition Streamlining Act of 1994
  - Prohibits use of federal money to lobby the legislative body of a political subdivision of a State
  - Section 2101, Public Law 103-355
- ▶ Health Insurance Portability and Accountability Act of 1996 (HIPAA) – mandatory compliance if applicable 42 U.S.C. 1320d – 1320d-8



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# Contract Basics:

## Annual Audit Requirements

- ▶ If agency expends  $> \$500,000$  in federal funds in a fiscal year, A-133 audit is required.
- ▶ If agency expends  $> \$500,000$  in State funds in a fiscal year:
  - Submit a copy of audit report to State Internal Audit Office within 30 calendar days of receipt, or 9 months of end of fiscal year (whichever is earlier);
  - Take corrective action within 6 months of report to address any noncompliance.

# Contract Basics:

## Standard Contract Language

- ▶ Special Provisions:
  - Addresses required;
  - Approval by Colorado State Controller;
  - Fund availability;
  - Governmental immunity;
  - Compliance with law;
  - Prohibition of software piracy;
  - Conflict of interest;
  - Exclusive employment of individuals who are lawfully present in the U.S. and authorized to work in the U.S.
- ▶ Additional Provisions — Addresses specific grant and program requirements.



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# Contract Basics:

## Special and Additional Provisions

- ▶ The contract is not valid until it is signed by the State controller or designee. You will receive notification from the Contracting Unit when the contract has been executed and on what date you may begin working.
- ▶ The financial obligation of the State payable beyond the current fiscal year is contingent upon the availability of funds.

# Contract Basics:

## Special and Additional Provisions

- ▶ Each Contractor that the State enters into an agreement with will perform its duties as an independent contractor and not as an employee of the State. Neither Contractor nor any agent or employee of the Contractor shall be deemed to be an agent or employee of the State.
- ▶ Contractor shall comply with all applicable federal and State laws, rules, and regulations in effect or hereafter established, including unfair employment practices.

# Contract Basics:

## Special and Additional Provisions

- ▶ The State or other public funds payable under this contract shall not be used for the acquisition, operation, or maintenance of computer software in violation of federal copyright laws and applicable licensing.
- ▶ The contractor attests that he/she has no interest in the service or property described in this contract and shall not acquire any interest that would conflict in any way with the performance of Contractor's services and shall not employ anyone having such interest.

# Contract Basics:

## Special and Additional Provisions

- ▶ The State Controller may withhold payment on this contract to offset debts the Contractor owes to other State Agencies for:
  - Child support;
  - Unpaid taxes and accrued interest;
  - Unpaid student loans;
  - Required payments to the Unemployment Compensation Fund;
  - Other unpaid debts to the State as a result of final agency determination or judicial action.

# Contract Basics: Special and Additional Provisions

- ▶ Contractor shall request prior approval in writing from the State for:
  - All modifications to the scope of work.
  - Any modification to the direct costs in excess of 25% of the total budget for direct costs or \$250,000.00 whichever is less.

# Contract Basics:

## Special and Additional Provisions

- ▶ Notwithstanding the terms contained in the General Provisions, Section 10, Confidential or Proprietary Information, Contractor shall protect the confidentiality of all applicant or recipient records and other materials that are maintained in accordance with this contract.



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# Women's Wellness Connection

## Prevention Services Division

### Background



Emily Kinsella



# Outline

- ▶ Program Overview
- ▶ Beneficiaries
- ▶ Mission of WWC
- ▶ Five Year Vision
- ▶ Contract Details
- ▶ History of WWC
- ▶ CDPHE Organizational Structure
- ▶ WWC Network



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# Program Overview

- ▶ Women's Wellness Connection (WWC) provides breast and cervical cancer screening (clinical breast exams, mammograms, pelvic examinations, and Pap tests) to eligible women through multiple statewide providers.



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# Beneficiaries

- ▶ Women residing in Colorado who:
  - are uninsured or underinsured;
  - meet age, income and lawful presence requirements.
- ▶ Target populations:
  - women of diverse ethnic backgrounds;
  - women living in geographically isolated and medically underserved areas ;
  - women who are rarely or never screened.



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# Mission of WWC

Provide, promote and ensure quality breast and cervical cancer screening for underserved women in Colorado and connect them to resources.



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# Five Year Vision

The WWC Program will increase access to equitable care through collaboration and innovation.



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# Contract Details

- ▶ **Project Period:**

Date of fully executed contract – June 30, 2013 through August 31, 2017.

- ▶ **Period for Clinical Service Delivery:**

Date of fully executed contract – June 30, 2013 through June 29, Annually through 2017



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# History of WWC

WWC is funded by:

National Breast and Cervical  
Cancer Early Detection  
Program (NBCCEDP)  
(federal funding, Centers for  
Disease Control, CDC)

Colorado Amendment 35  
Tobacco Tax (state funding)



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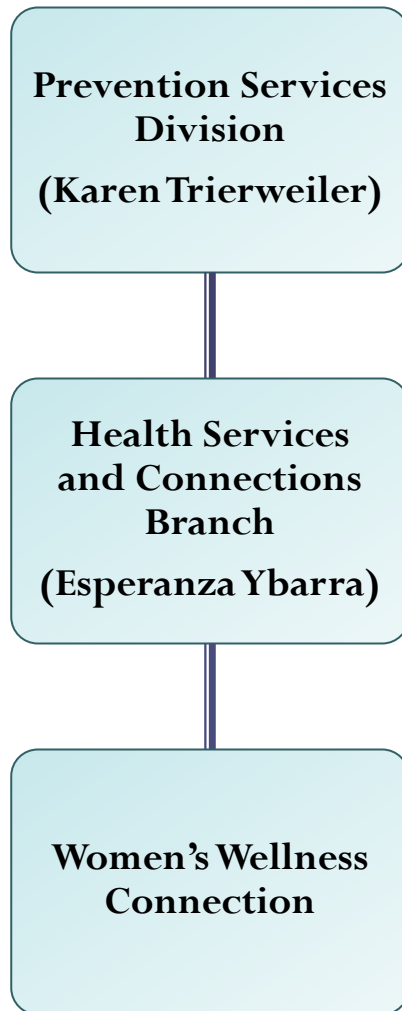
# History of WWC

- ▶ Began in 1991
- ▶ National legislation:
  - Breast and Cervical Cancer Mortality Prevention Act of 1990
  - Breast and Cervical Cancer Prevention and Treatment Act (2000)



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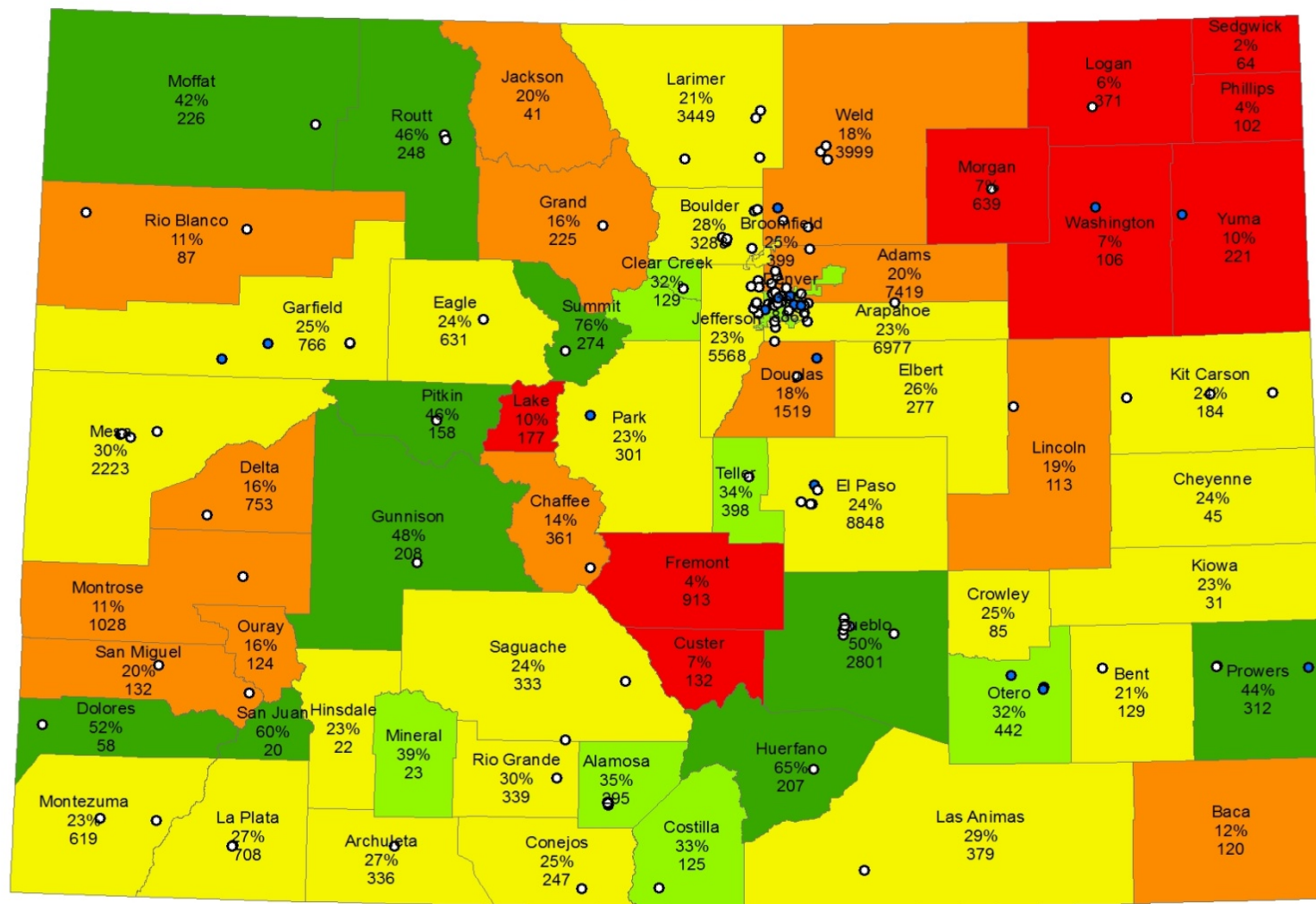
# WWC Network

- ▶ Starting June 30<sup>th</sup>, 2013, WWC now contracts with 47 agencies that have more than 136 sites throughout Colorado



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# WWC Percent of Target Population Screened for Breast and Cervical Cancer FY2010-2011



■ 10% or less 
 ■ 10-20% 
 ■ 20-30% 
 ■ 30-40% 
 ■ 40% or more

○ Existing Sites

● New Sites

Sources: SAHIE 2009, eCaST

Note: Percent screened is total WWC screens divided by SAHIE county population estimate for uninsured women age 40-64 who were at or below 250% of the federal poverty level.

# Resources

- ▶ WWC [Website](#)
- ▶ Statement of Work
- ▶ CDC National Breast and Cervical Cancer Early Detection Program (NBCCEDP) [Website](#)



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## Prevention Services Division

### Recruitment



Krista Beckwith

# Recruitment and Outreach

- ▶ WWC provider recruitment expectations
- ▶ Overview of evidence-based recruitment practices
- ▶ Statewide efforts
- ▶ How providers and American Cancer Society (ACS) Community Coordinators Work Together
- ▶ Resources



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# What? I Also Have to Recruit the Women?

- ▶ Part of becoming a WWC Service Provider includes the recognition that an agency must somehow find eligible women in order to provide WWC services.
- ▶ What are recruitment activities?
  - Posting fliers up in the clinic
  - Attending local health fairs or events
  - Talking to clients during other clinic visits



# What Does CDPHE Expect of WWC Service Providers for Recruitment?

- ▶ The WWC Program expects Service Delivery Providers to conduct recruitment activities that are *within the capacity of the agency*.
- ▶ Because of the Bundled Payment System, WWC does not provide funding specifically for recruitment activities. Recruitment activities are not monitored as part of the contract, nor will WWC require certain activities to be done.

# What Are Evidence-Based Recruitment Practices?

For the purpose of WWC, evidence-based is defined as the explicit and judicious use of current best evidence from systematic research to determine the most effective course of recruitment of eligible women.

When conducting recruitment activities, ask yourself:

How do I know this will work?

How could I prove to someone else this will work?

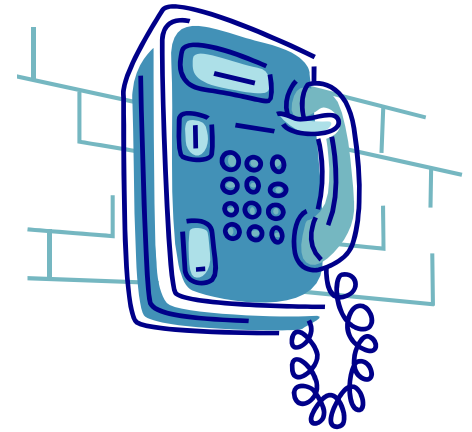
What prior evidence tells me this will work?

Who else has done this sort of activity?

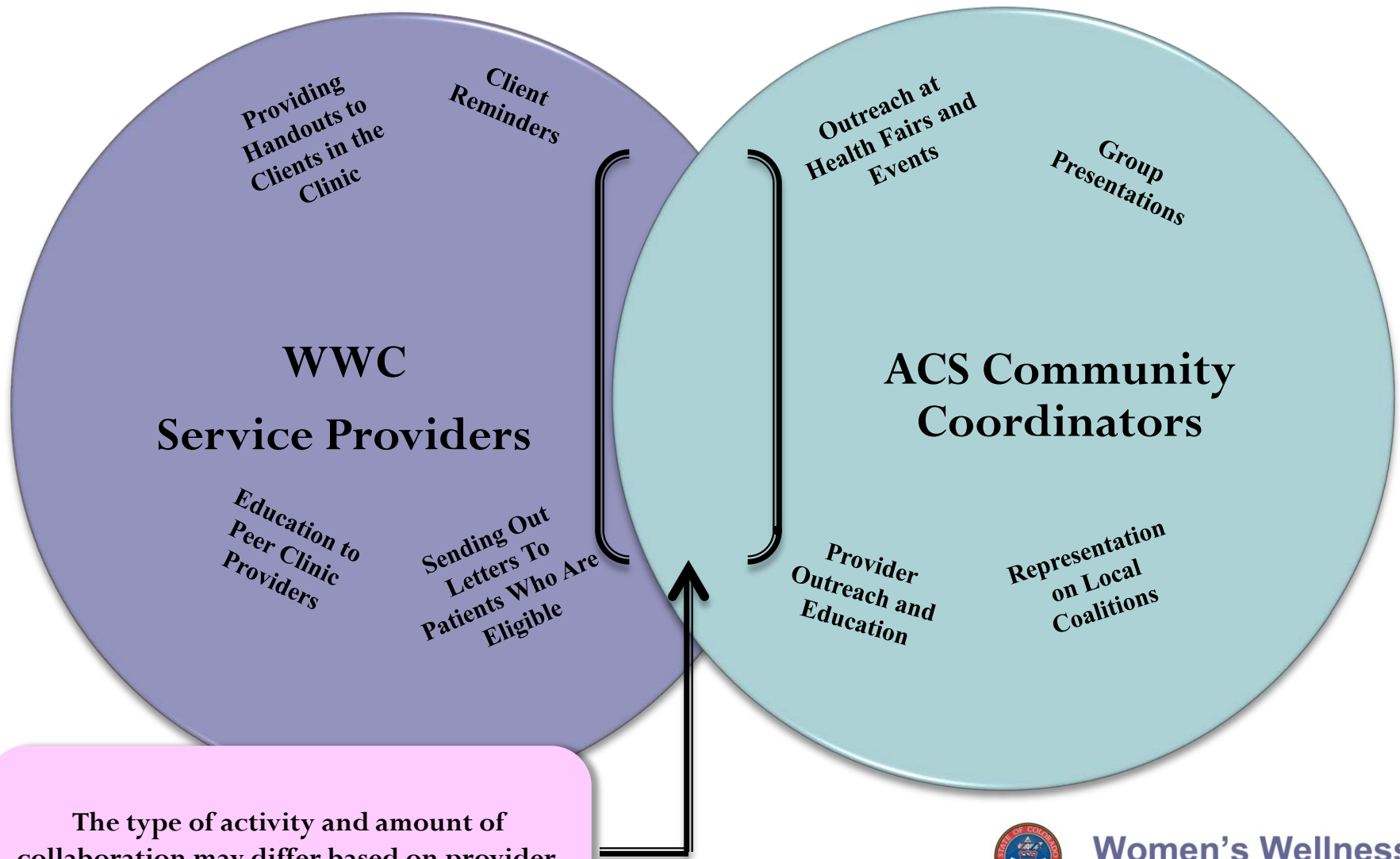


# Statewide Recruitment Efforts

- ▶ The WWC Program partners with the American Cancer Society (ACS) for outreach, education and partnership-building efforts.
  - Find your regional ACS Community Coordinator's (CCs) contact info under Community Partnerships and Recruitment [here](#).
- ▶ The ACS CCs are charged with promoting the ACS WWC Referral Hotline:
  - WWC maintains a statewide referral line with ACS to help navigate women in need of breast and cervical cancer screenings.
  - Statewide & Toll-Free: *1-866-951-WELL (9355)*
  - Locally: 719-545-4992      and      970-356-5059



# Working Together



The type of activity and amount of collaboration may differ based on provider, resources, and need.

# Resources

## **Your Regional ACS Community Coordinator**

*(A “Meet Your Community Coordinator” packet can be found on the CDPHE [website](#))*

## **The Guide to Community Preventive Services**

[www.thecommunityguide.org](http://www.thecommunityguide.org)

## **National Cancer Institute’s Research-Tested Intervention Programs**

[rtips.cancer.gov/rtips/index.do](http://rtips.cancer.gov/rtips/index.do)



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Break

15 minutes





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### Enrollment/Eligibility



Ivy Hontz



# Outline

- ▶ Eligibility Criteria
- ▶ Enrollment Procedures



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# WWC Eligibility Criteria

To be eligible for WWC, women must:

- ▶ Be 40-64 years of age;
- ▶ Be 250% or less of the Federal Poverty Level;
- ▶ Have no health insurance or be underinsured;
  - ▶ Be lawfully present in the United States;
  - ▶ Be a natal female;
- ▶ Be over 64 years old without insurance or Medicaid.



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# How to Enroll Women into WWC



- ▶ Screen for program eligibility;
- ▶ Verify lawful presence;
  - Sign affidavit.
- ▶ Patients complete two WWC forms:
  - Patient History Form;
  - WWC Consent.

# Enrolling Women with Abnormal Screenings

- ▶ As long as all other WWC eligibility criteria are met, women may be enrolled in the program part-way through a case.
  - *But not after a positive cancer diagnosis.*



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# Resources

- ▶ WWC [Website](#)
- ▶ WWC [Tool Kit](#)
- ▶ Statement of Work



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## Prevention Services Division

Clinical Services /BCCP Medicaid/Case Management



Jennifer Walsh

# Breast and Cervical Cancer Screening Services

- ▶ Adherence to medical policies and guidelines is essential to reimbursement for individual clients.
- ▶ eCaST is based on our medical policies and guidelines, and will not allow for payment in cases where our guidelines have not been followed.
- ▶ Policies and guidelines are evidence-based and compliant with CDC rules for funding.



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# Provision of Breast Cancer Screening Services: Requirements



- ▶ Basic screening services must be provided on site:
  - Office visits for basic screening services;
  - Clinical breast exams.



# Provision of Breast Cancer Screening Services: Requirements

- ▶ A **breast health history** must be collected and recorded in the chart and entered in eCaST to receive reimbursement for breast services. History must include:
  - Personal history of breast cancer;
  - First-degree relative with breast cancer (e.g. mother, sister);
  - New breast symptoms in the past 3 months.



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# Provision of Breast Cancer Screening Services: Requirements

- ▶ **Breast health education** must be provided to receive reimbursement for breast services that do not go beyond level B1 of the Bundled Payment System.
  - Can be provided in verbal or written form.
  - Must include information about:
    - Current recommendations for breast cancer screening intervals;
    - Information about the risks and benefits of mammography screening.



# Provision of Breast Cancer Screening Services: Requirements

- ▶ Contractors must comply with the Breast Cancer Diagnostic Algorithms for Primary Care Providers (2011) when developing a diagnostic plan of care for an abnormal breast finding.

## **Breast Cancer Diagnostic Algorithms for Primary Care Providers 2011**



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*Connect. Get checked. Be well.*



# What Breast Services does WWC Cover?

- ▶ Yearly office visit with or without a clinical breast exam (CBE) for women 40-64 (health history and health education must be addressed at the visit);
- ▶ Yearly screening mammograms for women ages 50-64;
- ▶ Yearly screening mammograms for women 40-49 with family history or personal history of breast cancer;
- ▶ Diagnostics for all women eligible for WWC with abnormal CBE, breast complaint, or who have been referred in for a diagnostic work-up.



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# Approved Breast Diagnostic Procedures

- ▶ Diagnostic mammogram;
- ▶ Film comparisons;
- ▶ Breast ultrasound;
- ▶ Surgical consultations;
- ▶ Most breast biopsy modalities;
- ▶ Ductograms (with preapproval from WWC).



# Breast Procedures Not Covered

- ▶ Computer-Aided Diagnosis (CAD);
- ▶ Magnetic Resonance Imaging (MRI);
- ▶ Breast ultrasound as a screening modality.



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# Provision of Cervical Cancer Screening Services: Requirements

- ▶ Basic screening services must be performed on site:
  - Office visits for basic screening services;
  - Pap/HPV testing.



# Provision of Cervical Cancer Screening Services: Requirements

- ▶ A **cervical health history** must be collected, recorded in the chart, and entered in eCaST to receive reimbursement for cervical services. History must include:
  - History of CIN 2/3 or cervical cancer
  - HIV status
  - History of diethylstilbestrol (DES) exposure in utero
  - History of conditions resulting in a compromised immune system
  - Hysterectomy status
  - Menopause status

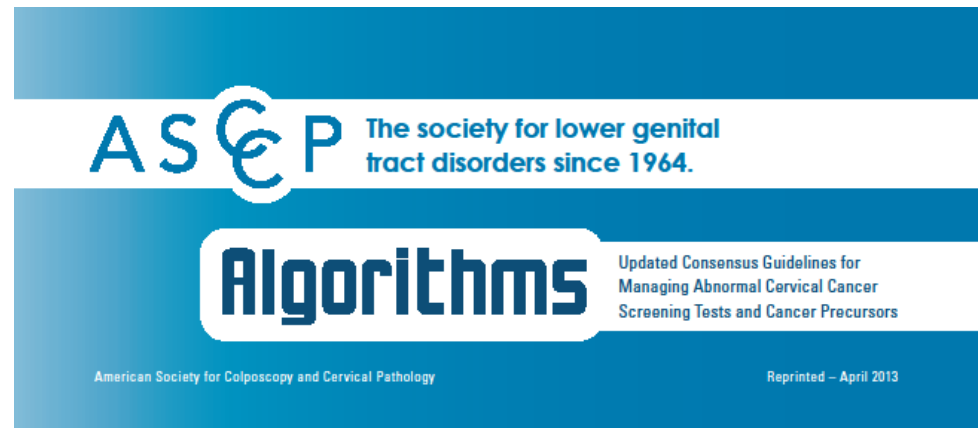


# Provision of Cervical Cancer Screening Services: Requirements

- ▶ **Cervical health education** must be provided to receive reimbursement for services that do not go beyond level C1 of the Bundled Payment System.
  - Can be provided in verbal or written form.
  - Must include information about:
    - Education about cervical cancer screening intervals
    - Providing options for cervical cancer screening intervals: either a Pap alone or Pap/HPV co-testing every 5 years.

# Provision of Cervical Cancer Screening Services: Requirements

- ▶ Contractors must comply with the 2012 American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines for the management of abnormal cervical cancer screening results when developing diagnostic plans of care for abnormal cervical findings.



# What Cervical Services does WWC Cover?

- ▶ Yearly office visits with or without a pelvic exam or Pap/HPV test.
  - Health history and health education must be must be addressed at the visit.
- ▶ Pap alone every 3 years or Pap/HPV cotest every 5 years.
- ▶ Annual pap tests for women with exceptions to routine screening guidelines.
- ▶ Diagnostics for all women eligible for WWC who have been referred in for a diagnostic work up.

# Covered Diagnostic Procedures: Cervix



- ▶ HPV testing (as a screening or diagnostic tool)
- ▶ Colposcopy
- ▶ Diagnostic excisional procedures (LEEP, laser excision/conization, cold knife cone)
- ▶ GYN consultations
- ▶ Endometrial biopsy for work-up of AGUS only
- ▶ Cervical polyp removals

# Tobacco Use Assessment Policy

- ▶ CDC has required that all women enrolled in WWC be screened for tobacco use and referred to the QuitLine if screened positive.



# Case Management

- ▶ Goal is to ensure that clients enrolled in the program receive:
  - Timely and appropriate screening;
  - Re-screening;
  - Diagnostic services;
  - Treatment services.
- ▶ Required for all clients with abnormal results.



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# Case Management

- ▶ WWC reimburses \$60.00 for case management for clients who need a diagnostic work-up for an abnormal screen;
- ▶ Wrapped into level B3/C 3 reimbursement amount.

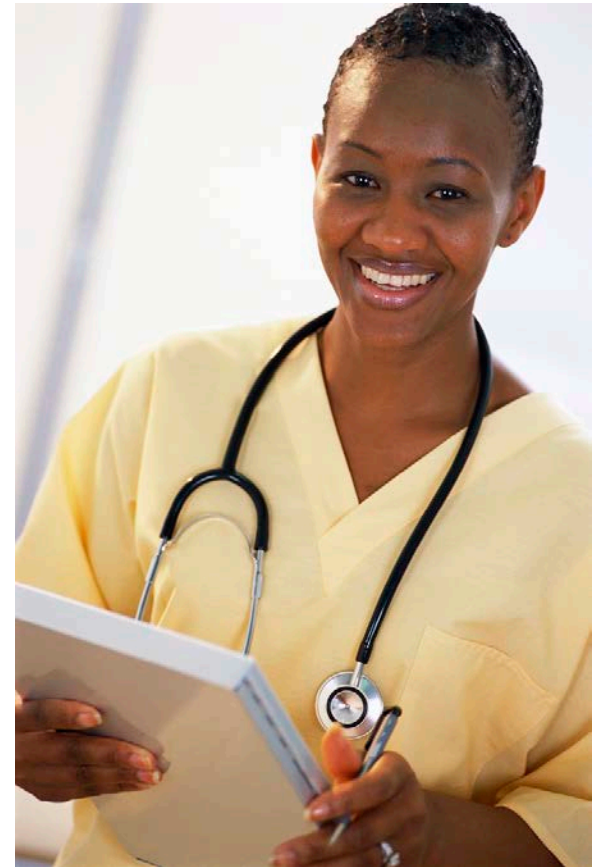


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# Case Management

- ▶ May be provided by non-clinical professionals;
- ▶ Should have oversight by a qualified healthcare professional when clinical expertise is required (i.e. RN, midlevel provider, MD).





# Case Management

- ▶ Tasks include:
  - Barrier assessment and resolution;
  - Client education, advocacy and coaching;
  - Scheduling diagnostic appointments;
  - Navigation through the diagnostic process;
  - Knowledge of community resources;
  - Implementing and utilizing required tracking and documentation system.

# Case Management

- ▶ Ensure that WWC clinical core indicators are met:
  - 90 percent or more of WWC clients with an abnormal finding achieve a definitive diagnosis.
  - 75 percent or more of WWC clients with an abnormal finding achieve a definitive diagnosis within 60 days or less.
- ▶ Help to ensure eCaST data entry is complete and timely.



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# Case Management



- ▶ Lost to follow-up/Refused Policy:
  - 3 contact attempts must be made (certified letter with valid address);
  - Verbal or written refusal of care;
  - One intervention must be entered into eCaST to close a case for payment.

# Breast and Cervical Cancer Medicaid Program (BCCP)

- ▶ BCCP offers **full Medicaid coverage** for women who are diagnosed with breast or cervical cancer (or eligible precancerous condition).
- ▶ BCCP will remain active while a women is in active treatment.



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# BCCP in Colorado

- ▶ Women must be enrolled in WWC at the time of a cancer diagnosis to receive BCCP Medicaid for breast or cervical cancer treatment.



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# Eligibility for WWC and BCCP Differs Slightly

- ▶ If a woman is eligible for WWC and diagnosed with cancer through the program, she will typically be eligible for BCCP. Exceptions include:
  - Women with any type of insurance that covers cancer treatment. This includes Medicare Part A and B.
  - Women who have not been lawfully present for 5 years.

# Breast Cancer Diagnoses Eligible for Enrollment into the BCCP Medicaid Program

Breast Cancer Diagnoses	Result to enter in eCaST
Atypical Ductal Hyperplasia (ADH)**	Atypical hyperplasia
Atypical Lobular Hyperplasia (ALH)**	Atypical hyperplasia
Lobular Carcinoma In Situ (LCIS)/Lobular Neoplasia**	Lobular Carcinoma In Situ (LCIS)
Ductal Carcinoma In Situ (DCIS)	Ductal Carcinoma In Situ (DCIS)
Metastatic Cancer with Breast Primary	Invasive Breast Cancer
Invasive Carcinoma of the Breast	Invasive Breast Cancer





# Cervical Cancer Diagnoses Eligible for Enrollment into the BCCP Medicaid Program

Cervical Cancer Diagnoses	Result to enter in eCaST
Cervical Intraepithelial Neoplasia II (CIN II) - Moderate Dysplasia**	CINII, moderate dysplasia (bx dx)
Cervical Intraepithelial Neoplasia III (CIN III) - Severe Dysplasia**	CINIII, severe dysplasia/CIS (Stage 0) (bx dx)
Carcinoma In Situ (CIS)	Non-invasive cervical cancer
Adenocarcinoma In Situ (AIS)	Non-invasive cervical cancer
Invasive or Metastatic Cancer with Cervical or Endocervical Primary	Invasive cervical cancer



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# BCCP Enrollment

- ▶ Follow the Step List.
  1. Complete eCaST data entry and ensure case is closed and ready for payment.
  2. Verify that diagnosis is eligible.
  3. Obtain approval for Presumptive Eligibility (PE) from WWC.
  4. Get PE number.
  5. Complete Medicaid application.



# Additional Information About BCCP

- ▶ Coverage will typically end 3-6 months after cancer treatment is complete.
- ▶ Coverage is not intended for surveillance (i.e. follow-up imaging after an excision or Pap 6 months after a LEEP).
  - If the patient is not in active treatment, her BCCP coverage will end.
- ▶ Chemoprevention such as tamoxifen is considered active treatment, and coverage will continue as long as the patient is required to take it (typically 5 years).
- ▶ The patient will have full Medicaid coverage and may use it for all of her healthcare needs.



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# Resources

- ▶ Breast and cervical cancer [policies](#)
- ▶ Case management and tobacco use [policy](#)
- ▶ Breast diagnostic [algorithms](#)
- ▶ ASCCP [algorithms](#)
- ▶ CPT code [list](#)
- ▶ BCCP eligible diagnosis [lists](#)
- ▶ Step [List](#)



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## Prevention Services Division

### Data Entry and Documentation in eCaST



Christen Lara

# Clinical Documentation and eCaST

- ▶ What is eCaST?
- ▶ Why do we have eCaST?
- ▶ Datapalooza
- ▶ New eCaST System
- ▶ Forms
- ▶ Data Entry
- ▶ eCaST Users
- ▶ eCaST Communications



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# What is eCaST?

- ▶ Stands for “Electronic Cancer Surveillance and Tracking” data collection and reporting system;
- ▶ A public health surveillance tool (not an electronic health record);
- ▶ First released in 2005; built and maintained by CDPHE;
- ▶ Data system where agencies must enter all WWC services.



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# What is eCaST?

- ▶ One stop shop for cancer screening data!
- ▶ eCaST helps you with
  - Running reports on WWC clients;
  - Managing client care;
    - Helps case managers!
  - Tracking service delivery reimbursement;
  - Managing screening budgets.



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# Why do we have eCaST?

- ▶ Agencies use eCaST:
  - For program management;
  - To ensure WWC clients are eligible for WWC services;
  - To ensure WWC clients receive clinically appropriate follow-up, diagnosis and treatment as necessary;
  - To receive grant activity reimbursement assessed (based solely on eCaST data entry);
  - In lieu of progress reports to WWC.

# Why do we Have eCaST?

- ▶ WWC uses eCaST:
  - For program management;
  - To monitor quality and types of services;
  - To monitor service delivery budgets;
  - To compile cancer surveillance data on population served;
  - To demonstrate continued need for funding;
  - To submit required client-level data to CDC;
    - Reported in April & October on past 18 months.



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# Why do we Have eCaST?

- ▶ The Centers for Disease Control and Prevention (CDC) uses eCaST:
  - To demonstrate continued need for funding to Congress;
  - To assess need to funds in CO & CO's ability to provide quality services;
  - To monitor quality and types of services at state and national levels through set of screening and clinical benchmarks.



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# Datapalooza

- ▶ Agencies are required to participate in a data cleanup project before each biannual data submission to the CDC.
  - Occurs in March and September;
  - Review all cases failing CDC set benchmarks and cases with data entry issues.



# New eCaST System

- ▶ WWC is releasing a new and improved eCaST system this fiscal year;
- ▶ New eCaST will be available in August 2013;
- ▶ All eCaST Users must attend an eCaST training before they will be granted access.



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# Forms

- ▶ Paper forms for clinical services provided are available.
  - Required (must be completed annually):
    - WWC Consent Form;
    - Client Profile Form (Formally the Patient History Form);
  - Optional (client chart may replace):
    - Clinical Cycle Form (Formally the Clinical Services Report);
    - Breast and Cervical Diagnostics Forms;
- ▶ New forms based on new system will be available in July 2013.



# Data Entry

- ▶ Begin entering data by August 31<sup>st</sup>;
- ▶ Reimbursement for services is based on data entry (invoices generated from eCaST);
- ▶ Date entry timeliness benchmark:
  - 90% of procedures must be entered into eCaST within 30 days of the service;
  - Ensures eCaST is up to date for reviewing agency-specific and statewide budgets.

# eCaST Users

- ▶ Request eCaST access through the eCaST website (no more faxes!);
- ▶ The agency should report any changes to staff members responsible for WWC data entry to WWC within 15 days of the change;
- ▶ Unless otherwise approved, WWC data personnel must train new staff members before they are given access to eCaST.

# eCaST Communications

- ▶ Some of the reasons you will hear from us:
  - Review a client's information;
  - Data entry issues and trends;
  - Changes to the system;
  - Datapalooza or other data projects;
- ▶ HIPAA
  - Use the WWC ID!
- ▶ eCaST Users Group
  - 4th Wednesday of odd-numbered months from 2:30 to 3:30 p.m.



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Lunch

We will return at 1pm.



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### Quality Assurance / Quality Improvement



Kris McCracken

# WWC Monitoring Requirements

- ▶ [Website](#)
- ▶ FY 2014 Checklist
- ▶ Progress reports
- ▶ Performance Indicators
- ▶ Program risk assessment
- ▶ Site visits
- ▶ Colorado Contract Monitoring System (CMS)



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# FY 2014 Checklist

1. Contracting – complete!
2. Agency set up or updating
3. Information sharing
4. Training
5. Recruitment, outreach, notifications





Test  
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Progress Report for Fiscal Year 2013  
Performance Period 1  
June 30, 2012 - October 31, 2012

Category	Deliverables / Requirements Indicator	Standard	Quarter 1				
			Agency Numerator	Agency Denominator	Agency Performance	Position relative to Standard <sup>1</sup>	State Performance <sup>2</sup>
Clinical	C1. Abnormal Breast Screenings with Complete Follow-up <sup>3</sup>	90% or more	71	77	92.2%	Meeting Standard	96.0%
Clinical	C2. Time from screening to diagnosis > 60 days for abnormal breast screening results <sup>3</sup>	25% or less	6	71	8.5%	Meeting Standard	5.4%
Clinical	C3. Abnormal Cervical Screenings with Complete Follow-up <sup>3</sup>	90% or more	12	12	100.0%	Meeting Standard	95.4%
Clinical	C4. Time from screening to diagnosis > 60 days for abnormal cervical screening results <sup>3</sup>	25% or less	0	12	0.0%	Meeting Standard	10.3%
Screening	S1. Rarely or Never Screened at initial Pap Test <sup>3</sup>	20% or more	23	85	27.1%	Meeting Standard	33.1%
Screening	S2. Screening Mammograms provided to women ≥50 years of age <sup>3</sup>	75% or more	0	85	0.0%	Meeting Standard	1.3%
Treatment	T1. Time from cancer diagnosis to enrollment into BCCP Medicaid <sup>4</sup>	10 days or less	10	1	10.0	Meeting Standard	10.6
Admin	A1. Procedures entered into eCaST within 30 days of procedure date <sup>5</sup>	90% or more	268	308	87.0%	Close to Standard	83.6%
Admin	A2. Attendance to Health Improvement Team (HIT) calls	50% or more	2	2	100.0%	Meeting Standard	66.7%
Admin	A3. Attendance to eCaST Users Group calls	50% or more	1	1	100.0%	Meeting Standard	48.9%
Admin	A4. Attendance to Clinical Webinars	100%	0	1	0.0%	Far from Standard	62.2%
Admin	Combined attendance performance: based on 1 reds <sup>6</sup>					Close to Standard	
Category	Price / Budget Indicator	Standard	Agency Numerator	Agency Denominator	Agency Performance	Position relative to Standard <sup>1</sup>	State Performance <sup>2</sup>
Admin	A5. Spending to date is on target with fiscal year <sup>7</sup>	5% above or below	34.40%	20.83%	-13.6%	Far from Standard	100.0%

<sup>1</sup> "Meets standard" indicates that the agency performance shown in the Progress Report is the same or better than the CDC / WWC standard.

<sup>2</sup> "Close to the target" indicates that the agency performance shown in the Progress Report is within 5 percent of the CDC / WWC standard.

<sup>3</sup> "Far from the target" indicates that the agency performance shown in the Progress Report is more than 5 percent above or below the CDC / WWC standard.

<sup>4</sup> Combined performance of all WWC agencies.

<sup>5</sup> For Quarter 1, the CDC Submission period used was 1/1/11-9/2/12. See the Core Indicator Cheat Sheet for more details.

<sup>6</sup> See the BCCP Data Report for more details.

<sup>7</sup> Agency Numerator = number of procedures entered in 30 days or less; Agency Denominator = Total procedures done

<sup>8</sup> Combined attendance performance is calculated as: 1 red = Close to Standard, 2 red = Far from Standard.

<sup>9</sup> Agency Numerator = percent spent to date; Agency Denominator = Percent of year complete. If number is positive agency is underspent; negative = overspent.



# CDC Core Performance Indicators

- ▶ Determined by the CDC
- ▶ Evidence-based
- ▶ Provide benchmarks for clinical and screening performance
- ▶ Linked to WWC funding



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# CDC Core Performance Indicators

## Clinical

- ▶ 90% or more of women with abnormal screenings should receive complete follow-up care
- ▶ 75% or more of women should receive complete follow-up care in 60 days or less

# Core Performance Indicators

## Screening

- ▶ 20% or more of women should be rarely or never screened for cervical cancer
- ▶ 75% or more of women receiving a screening mammogram will be age 50 or older



# State Performance Indicators

- ▶ Treatment / BCCP Enrollment
- ▶ Administrative
  - Attendance at:
    - HIT calls;
    - eCaST Users Group calls;
    - Clinical webinars;
  - Data entry timeliness;
  - Spending.



# Program Risk Assessment

- ▶ Based on the following factors:
  - Meeting indicators;
  - New agency;
  - New WWC coordinator;
  - Spending;
  - Successful BCCP enrollment.

# WWC Site Visits

- ▶ Components of site visit include:
  - Discussion about program management and administration;
  - Review of program requirements;
  - Chart Audit, data review.



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# WWC Site Visits

After the site visit:

- ▶ Cover letter with recommendations;
- ▶ Final site visit report;
- ▶ Six month check in.



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# Contract Monitoring System

- ▶ Colorado database;
- ▶ Agencies notified three times per fiscal year about performance;
- ▶ Agencies can run reports in eCaST to monitor performance.



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# Tips for Meeting Indicators

- ▶ Enter data in eCaST as services happen and review reports frequently;
- ▶ Develop agency-specific follow-up protocols ;
- ▶ Communicate with subcontractors;
- ▶ Ask WWC staff members for help.



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# Resolution of Non-Compliance

- ▶ Agency notified in writing;
- ▶ Agency / State collaboration.



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# Resources

## ► Website

- Tools from other agencies;
- Quality assurance/quality improvement;
- Professional development.

## ► Toolkit

- Quality assurance/quality improvement.



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### Subcontracting



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# WWC Subcontracting Requirements

- ▶ Provide all services referenced on the “Current Procedural Technology (CPT) Code List
  - Directly or through subcontractor
  - Complete cases within 60 days
- ▶ Notify WWC of all subcontractors



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# What is a Subcontract?

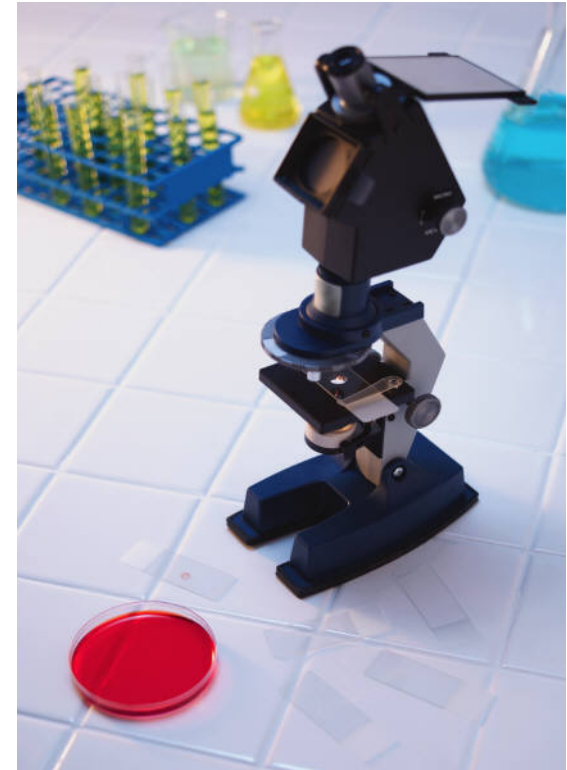
- ▶ A written agreement between a WWC contractor and an off-site medical facility.

# Value of Subcontracts

- ▶ Establishes an agreement for certain services to be provided at certain costs;
- ▶ Establishes expectations for partnership.

# Typical Subcontracted Services

- ▶ Mammography
- ▶ Breast biopsy
- ▶ Surgeon
- ▶ Pathology
- ▶ Colposcopy
- ▶ LEEP
- ▶ Other specialty services



# WWC and Subcontracting

- ▶ Resources on WWC [website](#)
- ▶ All procedures on CPT code list;
- ▶ Local providers;
- ▶ Medicare rates;
- ▶ Contact WWC for assistance.

# WWC and Subcontracting

- ▶ Which agency is the enrolling agency?
  - Enrolling agency pays subcontractor;
  - Enrolling agency is responsible for client care;
  - Enrolling agency is responsible for data entry.



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# CPT Codes

CO Rates  Prof  Tech

CPT code	Description	2013 CO Rates	Prof (26)	Tech (TC)
<b>BREAST SCREENING &amp; DIAGNOSTIC PROCEDURES</b>				
Radiology	77055 Mammography, Diagnostic Follow-up, Unilateral	\$ 89.18	33.54	55.63
	77056 Mammography, Diagnostic Follow-up, Bilateral	\$ 114.73	42.01	72.71
	77057 Screening Mammogram, Bilateral (2 view film study of each breast, analog)	\$ 81.66	33.88	47.78
	G0204 Diagnostic Mammogram, Digital	\$ 169.38	43.04	126.34
	G0206 Diagnostic Mammogram, Digital, Unilateral	\$ 133.58	34.57	99.02
	G0202 Screening Mammogram, Bilateral, Digital	\$ 139.05	34.57	104.48
Surgery	19100 Breast biopsy, percutaneous, needle core, not using imaging guidance, stereotactic core biopsy	\$ 154.77		
	19101 Breast biopsy, open, incisional, stereotactic core biopsy	\$ 349.41		
	19102 Breast biopsy, percutaneous, needle core, using imaging guidance; for placement of localization clip use 19295	\$ 217.02		
	19103 Breast biopsy, percutaneous, stereotactic automated vacuum assisted or rotating biopsy device, using imaging guidance	\$ 565.07		
	19120 Excision/removal of breast lesion	\$ 497.09		
	19125 Excision/removal of breast lesion identified by preoperative placement of radiological marker; open; single lesion	\$ 551.56		

# CPT Codes

- ▶ Colorado rate = technical component + professional component

**77055 Diagnostic Mammogram**  
**Prof (26) + Tech (TC) = 2013 CO**  
 $\$33.53 + \$55.63 = \$89.18$



# Resources

- ▶ Toolkit: Agency reimbursement
- ▶ [WWC Website](#)
  - Screening and diagnostic services;
  - Tools from other agencies.



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Break



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### Bundle Payment System



Christen Lara

# Agency Reimbursement

- ▶ eCaST and Reimbursement
- ▶ How does WWC reimburse?
- ▶ What does WWC reimburse?
- ▶ Adjustments
- ▶ Tracking spending and billing
- ▶ Reimbursement Process



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# eCaST and Reimbursement

- ▶ Reimbursement is generated through eCaST after:
  - All errors identified through eCaST have been resolved;
  - Data indicate clinical services are complete;
    - You are provided with the tools to track these cases!
- ▶ Contractors may not submit for payment in any other way. MUST be through eCaST.



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# How Does WWC Reimburse?

- ▶ Reimburse via the Bundled Payment System (BPS):
  - Outcome-based payment structure;
  - Implemented in July 2010.
- ▶ Why BPS?
  - Lost federal funding due to poor performance on CDC clinical benchmarks and not fully expending budget;
  - Positive impact on women served demonstrated through formal CDC evaluation.



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# How Does WWC Reimburse?

- ▶ Payment per cancer screening, based on clinical outcome.
  - Bundled services based on WWC-approved clinical algorithms;
  - Includes payment for procedures, care coordination and administrative overhead.
- ▶ WWC agencies agree to accept these fees as payment in full.
  - May not charge the client for WWC services.



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# What does WWC Reimburse?

## Breast Levels

Level	Definition of Level	Reimbursement
B1	Result is normal and requires no further action.	<b>\$45</b> Office visit for breast services. Required breast history must be taken and breast education provided. May include a CBE
B2	Results of all tests are normal and require no further action.	<b>\$215</b> \$ 45 services from level B1 + \$140 mammogram + \$ 30 patient navigation & admin fee
B3	Results are abnormal and require further non-invasive diagnostic testing. The definitive diagnosis is not cancer. May also include surgical consult.	<b>\$555</b> \$215 services from level B2 + \$280 Dx imaging and/or surgical consult + \$ 60 case management & admin fee
B4	Results are abnormal, requiring additional invasive diagnostic testing. The definitive diagnosis may be cancer or non-cancer. NO treatment.	<b>\$1440</b> \$555 services from level B3 + \$885 invasive diagnostic testing

# What Does WWC Reimburse?

## Cervical Levels

Level	Definition of Level	Reimbursement
C1	Result is normal and requires no further action	<b>\$45</b> Office visit for cervical services. Required cervical history must be taken and cervical education provided. May include a pelvic exam
C2	Results of all tests are normal and require no further action.	<b>\$105</b> \$ 45 services from level C1 + \$ 30 pap test + \$ 30 patient navigation & admin fee
C3	Screening HPV test or results are abnormal and require further non-invasive diagnostic testing. The definitive diagnosis is not cancer.	<b>\$155</b> \$ 105 services from level C2 + \$ 50 HPV test
C4	Results are abnormal, requiring additional invasive diagnostic testing. The definitive diagnosis may be cancer or non-cancer. NO treatment. May also include polyp removal.	<b>\$475**</b> \$155 services from level C3 + \$260 colposcopy + \$ 60 case management & admin fee

\*\* If a second diagnostic procedure (LEEP/LOOP, colposcopy, CKC, EMB) is required, providers may request additional reimbursement at the CPT rate. Must receive clinical pre-approval by WWC program staff.

# What does WWC reimburse?

## Changes from Last Fiscal Year

- ▶ Level 1 for Breast and Cervical:
  - Reduced from \$50 to \$45;
  - More inline with CPT code rate for an office visit;
  - Generate payment based on education provided and history collected for B1/C1;
    - Pelvic and clinical breast exam no longer required for B1/C1 payment.



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# Adjustments

- ▶ Although BPS pays at case close, adjustments happen. Examples include:
  - A user updates data either changing client eligibility or completeness of data;
  - A lost to follow-up case is re-opened;
  - A client returns for her mammogram 90 days after her clinical breast exam.
- ▶ Adjustments are listed on the Grant Activity Statement.

# Tracking Spending and Billing

- ▶ The Grant Activity Statement lists each client counted for reimbursement and the level of reimbursement. This statement can be viewed in eCaST.
  - This report provides information on bills processed, not necessarily data entered, within a given month.
- ▶ Agency fiscal staff may be granted access to eCaST OR data entry staff may run these reports for fiscal staff.



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# Tracking Spending and Billing

## ► Sample grant activity statement:

Invoice # : 13,266		Posted on 02/08/2013				
Patient #	Name	Date of Birth	Date of 1st Procedure	Location	Level	Payment
Detail of screenings paid for records entered as of : 09/14/2012						
374899	Test, Amanda	06/30/1950	07/01/2012	71000	C3	220.00
374965	Test, Amanda	06/30/1950	06/15/2012	71000	B4	1,445.00
374965	Test, Amanda	06/30/1950	06/15/2012	71000	C3	220.00
374971	Test, Amanda	06/30/1970	07/01/2012	71000	B3	560.00
374971	Test, Amanda	06/30/1970	07/01/2012	71000	C3	220.00
374976	Test, Amanda	06/30/1950	08/15/2012	71000	C3	220.00
374864	Test, STFU	01/01/1951	06/06/2012	71000	B1	50.00
<b>Sub Total :</b>					<b>7 Screenings</b>	<b>2,935.00</b>
<b>Adjustments for records as of : 09/14/2012</b>						
374921	Test, Hpv	01/01/1955	07/02/2012	71000	Adj - Level 2	110.00
C	Adj - Level 2 to 3					
<b>Sub Total :</b>					<b>0 Screenings</b>	<b>110.00</b>
					<b>Manual Bill Adj. Amount</b>	<b>0.00</b>
					<b>7 Screenings</b>	<b>3,045.00</b>

### Total Grant Payment Bill # 13,266.00 Posted on 02/08/2013

CDPHE Accounts Payable Object Code 5781

Federal Grant Funds:	3,045.00
State funds, tobacco excise tax:	0.00



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# Tracking Spending and Billing

- ▶ Screening Budget Tracking;
  - Available in eCaST billing tab, used to be report 81.
- ▶ Track pending cases in eCaST-these are NOT ready for payment;
  - Available in eCaST screening and procedures error tabs, used to be reports 10,17, and 22.



# Reimbursement Process

- ▶ Grant activity statement is generated automatically on the 15<sup>th</sup> of every month.
  - Or next business day if the 15<sup>th</sup> is on a weekend or holiday;
  - There will be no bill on 7/15 for FY14.
- ▶ Final statement generated 30 days after end of fiscal year.



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# Reimbursement Process

- ▶ WWC staff will notify contractors when statement is ready via eCaST;
- ▶ Reimbursement checks are produced and mailed directly from the state comptroller's office, not CDPHE.



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# Reimbursement Process

- ▶ Each check received will include a payment voucher number. This number is also listed on each grant activity statement.
  - You DON'T have to submit invoices
  - All reimbursement is generated through eCaST!



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Questions/Resources

# Thank you!



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eCaST Basics Training

3:00pm – 4:30pm